

Application for Permit to Drill (APD)

1. PROPOSAL TO DRILL <input type="checkbox"/> NEW WELL <input type="checkbox"/> SIDETRACK <input type="checkbox"/> BYPASS <input type="checkbox"/> DEEPEN		2. MMS OPERATOR NO.		3. OPERATOR NAME and ADDRESS <i>(Submitting office)</i>			
4. WELL NAME (CURRENT)		5. SIDETRACK NO. (CURRENT)				6. BYPASS NO. (CURRENT)	
7. PROPOSED START DATE		8. PLAN CONTROL NO. (NEW WELL ONLY)					
9. API WELL NO. (CURRENT SIDETRACK / BYPASS) (12 DIGITS)							
10. <input type="checkbox"/> Revision		11. If revision, please list changes:					

WELL AT TOTAL DEPTH (PROPOSED)			WELL AT SURFACE				
12. LEASE NO.			17. LEASE NO.				
13. AREA NAME			18. AREA NAME				
14. BLOCK NO.			19. BLOCK NO.				
15. LATITUDE (<input type="checkbox"/> NAD 83 / <input type="checkbox"/> NAD 27)		16. LONGITUDE (<input type="checkbox"/> NAD 83 / <input type="checkbox"/> NAD 27)		20. LATITUDE (<input type="checkbox"/> NAD 83 / <input type="checkbox"/> NAD 27)		21. LONGITUDE (<input type="checkbox"/> NAD 83 / <input type="checkbox"/> NAD 27)	

LIST OF SIGNIFICANT MARKERS ANTICIPATED					
22. NAME	23. TOP (MD)	24. TOP (TVD)	22. NAME	23. TOP (MD)	24. TOP (TVD)

25. LIST ALL ATTACHMENTS (*Attach complete well prognosis and attachments required by 30 CFR 250.414(b) through (g) or 30 CFR 250.1617 (c) and (d), as appropriate.*)

26. CONTACT NAME		27. CONTACT TELEPHONE NO.	28. CONTACT E-MAIL ADDRESS
29. AUTHORIZING OFFICIAL (<i>Type or print name</i>)		30. TITLE	
31. AUTHORIZING SIGNATURE		32. DATE	

THIS SPACE FOR MMS USE ONLY		
APPROVED: <input type="checkbox"/> With Attached Conditions <input type="checkbox"/> Without Conditions	BY	TITLE
API WELL NO. ASSIGNED TO THIS WELL		DATE